EXTENDED TO NOVEMBER 15, 2019

Form **99**0

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

lackbox Do not enter social security numbers on this form as it may be made public.

2018
Open to Public

intern	al Heve	nue Service ► Go to www.irs.gov/Form990 for instructions and	the lates	t information.	Inspection				
<u>A</u> F	or th	e 2018 calendar year, or tax year beginning and	ending						
Вс	heck if	C Name of organization		D Employer identifi	cation number				
a	pplicab	ALLIANCE FOR A GREEN REVOLUTION							
Γ_	Addre	SS THE APPEAR							
늗	Name			۸_هه ⊢	98-0513530				
늗	_ chang chang		Davis						
<u>}</u> =	return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit						
L	Final			254-	254-367-5000				
	termii ated	City or town, state or province, country, and ZIP or toreign postal code		G Gross receipts \$	G Gross receipts \$ 105,351,179.				
	Amen	NATROBI RENIA 00000 14010		H(a) is this a group re	eturn				
	Appli	F Name and address of principal officer LILIAN NYANGA 'YA		for subordinates	s? ☐ Yes 🗓 No				
	pend	SAME AS C ABOVE	2	H(b) Are all subordinates in	ncluded? Yes No				
1 7	ax-ex	empt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 1 152	- 1 ' '	list (see instructions)				
_		te: WWW.AGRA.ORG		H(c) Group exemptio	•				
		organization: X Corporation Trust Association Other	I Vez		M State of legal domicile WA				
	irt I	Summary	12,100	oriormation 2000 p	VI Otato di logal domicho 1722				
		Briefly describe the organization's mission or most significant activities AGRA	'C MT	CCTON TO TO	TRIGGER A				
ě	1	INTO THE WARD TOWN OF THE DEVOITION OF THE WARD WIT	S MI	ANCEODM ACRT					
Governance		UNIQUELY AFRICAN GREEN REVOLUTION THAT WI							
i.	2	Check this box if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as:	1				
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3_	16				
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	15				
Activities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	202				
įţį	6	Total number of volunteers (estimate if necessary)		6	0				
Ę	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
Ř	ь	Net unrelated business taxable income from Form 990-T, line 38		7b	0.				
\neg				Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	89,020,653.	94,857,701.				
ŭ	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	493,472.	896,094.				
æ	11		-	0.	164,797.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	89,514,125.	95,918,592.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		45,677,993.	48,457,455.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	├-						
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	18,920,869.	22,670,292.				
J.S	16a	Professional fundraising fees (Part IX, column (A), line 11e)	_ -	0.	0.				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.						
ш	17	Other expenses (Part IX, column (A), lines 11a He HOLED	<u> </u>	26,555,703.	23,942,544.				
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>L</u>	91,154,565.	95,070,291.				
	19	Revenue less expenses Subtract line 18 from line 12		-1,640,440.	848,301.				
or Ses		Tatal accepts (Part X Inc. 15) S NOV 2 0 2019 O	E	Beginning of Current Year	End of Year				
25.5	20	Total assets (Part X, line 16)	Γ	66,138,714.	77,404,312.				
Net Asse	21	Total liabilities (Part Y, line 26)		17,071,310.	23,502,890.				
Vet	22	Net assets or fund balances Subtract line 21 From the 26N, UT		49,067,404.	53,901,422.				
	rt II	Signature Block							
		lities of perjury, I declare that I have examined this return, including accompanying schedules	and states	nents, and to the hest of my	knowledge and helief it is				
		ct, and complete. Declaration of preparer (other tha <u>n</u> officer) is based on all information of wi			, mornings and boner, it is				
<u>11 DE,</u>	TOITE	A did complete. Declaration of preparer (other than officer) is based on an information of wi	nen prepare		EMBER 2019				
O:		Signature of officer (Date	EM DER GOT				
Sign			סי						
Her	е	LILIAN NYANGA'YA, CHIEF FINANCE OFFICE Type or print name and title	.K						
				Data la . C	T DTIN				
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid		LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKO	SUSKY						
-	arer	Firm's name ► COHNREZNICK LLP		Firm's EIN 🛌	22-1478099				
Use	Only	Firm's address 4 BECKER FARM ROAD			_				
		ROSELAND, NJ 07068		Phone no. 9 7	3-228-3500				
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
83200	01 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2018)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

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Form	n 990 (2018) IN AFRICA	98-0513530	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	AGRA'S MISSION IS TO TRIGGER A UNIQUELY AFRICAN GREEN RET	VOLUTION THAT	Т
	WILL TRANSFORM AFRICAN AGRICULTURE INTO A HIGHLY PRODUCT		
	EFFICIENT, COMPETITIVE AND SUSTAINABLE SYSTEM THAT ASSUR		
	SECURITY AND LIFTS MILLIONS OUT OF POVERTY.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	pnor Form 990 or 990-EZ?	TVes	X No
	If "Yes," describe these new services on Schedule O	163	140
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ vas	XNo
3		res	ZI NO
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as it		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	s, the total expenses, ar	na
	revenue, if any, for each program service reported	164	707
4a			<u>797.</u>)
	PIATA-PARTNERSHIP FOR INCLUSIVE AGRICULTURAL TRANSFORMAT		<u>A</u>
	(PIATA) THE PURPOSE IS TO ENABLE AFRICAN AGRICULTURE ACT		
	BUSINESS DIFFERENTLY AS THEY SUPPORT LEADERS TO DRIVE AN		
	AGRICULTURAL TRANSFORMATION. THE INNOVATIVE PARTNERSHIP		
	INTEGRATED DELIVERY WITHIN AGRO-ECONOMIC ZONES AND ACROS		<u>N</u>
	ENHANCED IN-COUNTRY COORDINATION TO LEVERAGE WIDER INVEST		
		AINABLE SYST	
	THAT WILL TRANSITION AGRICULTURE FROM SUBSISTENCE INTO A		AT
		STAPLE CROP	
	PRODUCTIVITY2) STRENGTHENED AND EXPANDED ACCESS TO NATION		
	REGIONAL MARKETS3) INCREASED CAPACITY OF SMALL HOLDER FAI		
	HOUSEHOLDS AND AGRICULTURAL SYSTEMS TO BETTER PREPARE FOR		TO
4b	(Code) (Expenses \$ 8,193,496. including grants of \$ 8,193,496.) (Revenue)
	AFRICAN ENTERPRISE CHALLENGE FUND- AECF PROJECTS IN AFRIC		
	SUPPORTS BUSINESSES WORKING IN AGRIBUSINESS, RURAL FINANCE		<u>s, </u>
	RENEWABLE ENERGY AND TECHNOLOGIES THE AECF IS ESSENTIALLY		
	STIMULATING PRO-POOR GROWTH IN THE FOLLOWING WAYS; - INCREA		CE
	OF ECONOMIC GROWTH BY STIMULATING PRIVATE SECTOR INVESTM		
		OVING THE	
	PATTERN OF GROWTH BY ENABLING THE RURAL POOR TO PARTICIPA		
	AS AGENTS AND BENEFICIARIES, ENSURING THAT THE CROSS-CUT		ONS
	OF POVERTY AND ENVIRONMENT ARE TACKLED IN MUTUALLY REINFO		
	EMPOWERING THE POOR BY IMPROVING THEIR VOICE AND ROLE IN	THE ECONOMY	<u> AS</u>
	WELL AS THEIR INCOME.		
4c)
	AGRF-AFRICA GREEN REVOLUTION FORUM. AGRF IS AN ALLIANCE (
	THAT CARE ABOUT, COMMIT TO AND DRIVE INCLUSIVE AGRICULTU	RAL	
	TRANSFORMATION IN AFRICA. THE MISSION IS TO SECURE AFRICA	A'S RISE	
	THROUGH AN AGRICULTURAL TRANSFORMATION		
	·		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ 38,483,528. including grants of \$ 12,101,911.) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 85,925,093.		
		Form 9	90 (2018)

Form 990 (2018) IN AFRICA
[|Part;|V|| Checklist of Required Schedules

r, a	City Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	1		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			1.15
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1 1f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	_		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	_21		<u> </u>

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Form **990** (2018)

	990 (2018) IN AFRICA 98-051	<u>.3530</u>	F	Page 4
Pai	t IV Checklist of Required Schedules (continued)		T	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		ļ	,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	├	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		1	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		₩	
	Schedule J	23	X	₩
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
	Schedule K If "No," go to line 25a	24a	├	╇
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	╁	╁
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		╁
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	╁	┼
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	╄	X.
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		٠.,
	Schedule L, Part I	25b	 	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	- i	ľ	i
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		l	١.,
	complete Schedule L, Part II	26	├	<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		1	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1.	ľ	١.,
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Ь—	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			۱
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		1	l
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			i
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		l
	Schedule N, Part II	32	└	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		l	
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	└	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			l
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	—
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	1		
	if "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		1
	Note. All Form 990 filers are required to complete Schedule O	38	X	Щ.
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0	1	1

 \boldsymbol{b} Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)	<u> </u>									
				Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		₹.		· 1						
	filed for the calendar year ending with or within the year covered by this return	2a 202	<u></u>		لـنــا						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	ms?	2b	Х							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instruction	s)	-	<u>. </u>							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		3b		<u> </u>						
	At any time during the calendar year, did the organization have an interest in, or a signature or other										
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	<u>4a</u>	Х	<u> </u>						
b	If "Yes," enter the name of the foreign country ► SEE SCHEDULE O		; •	•							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)										
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			х						
_	any contributions that were not tax deductible as charitable contributions?	ione er eifte	<u>6a</u>								
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gints	6b								
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		00		<u> </u>						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the pavor?	7a	÷	X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	rvious provided to the payor.	7b		 -						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required									
•	to file Form 8282?		7c		Х						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g								
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by the		<u> </u>	لــنـا						
	sponsoring organization have excess business holdings at any time during the year?		8								
9	Sponsoring organizations maintaining donor advised funds.		-								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		<u> </u>						
10	Section 501(c)(7) organizations. Enter	1 1			1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-	¥	-						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	┨		,*						
11	Section 501(c)(12) organizations. Enter	11	-		.,,						
	Gross income from members or shareholders	11a	١.								
D	Gross income from other sources (Do not net amounts due or paid to other sources against	146	_ '		•						
120	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	12a		<u></u> -						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		*							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1 '	-							
	Is the organization licensed to issue qualified health plans in more than one state?		13a								
-	Note. See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the		ł	,							
	organization is licensed to issue qualified health plans	13b		, .	l. 1						
С	Enter the amount of reserves on hand	13c		. '							
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O	14b		<u> </u>						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration or									
	excess parachute payment(s) dunng the year?		15		<u> </u>						
	If "Yes," see instructions and file Form 4720, Schedule N				لين_ا						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	it income?	16_		<u>_x</u> _'						
	If "Yes," complete Form 4720, Schedule O		<u> </u>								
			Form	990	(2018)						

98-0513530 IN AFRICA Page 6 Form 990 (2018) Part VII Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions \mathbf{X} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 16 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 15 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done 13 X Did the organization have a written whistleblower policy? Х 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a a The organization's CEO, Executive Director, or top management official Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure

NONE List the states with which a copy of this Form 990 is required to be filed > 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Own website Another's website X Upon request

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

State the name, address, and telephone number of the person who possesses the organization's books and records LILIAN NYANGA'YA, CHIEF FINANCE OFFICER - 212-297-0400

P.O. BOX 66773, NAIROBI KENYA 00800

832006 12-31-18

Form 990 (2018)

Form 990 (2018) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization	nor any related	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per	box	. unles	ss per	son ı	s both r/trus	an	compensation	compensation	amount of
	week		Ceran	a u	10010	17003	(00)	from	from related	other
	(list any hours for	lects						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	0.0	tee			sated		(W-2/1099-MISC)	(***2/1099*141130)	organization
	organizations	ruste	l trus		yee	шреп		(11-2) 1000 111100)		and related
	below	Individual trustee or director	Institutional trustee	<u>.</u>	Key employee	st co	늅]		organizations
	line)		Instit	Officer	Keye	Highest compensated employee	Former			
(1) CRISTINA DUARTE	4.00									· ·
DIRECTOR		Х						4,000.	0.	0.
(2) DR AGNES KALIBATA	40.00									
PRESIDENT-AGRA		X	Ш	X		_		154,811.	0.	155,596.
(3) DR. USHA ZEHRS	4.00								_	_
DIRECTOR		Х						4,000.	0.	0.
(4) FRANK BRAEKEN	4.00					İ			_	_
DIRECTOR		X						4,000.	0.	0.
(5) FRED SWANIKER	4.00									_
DIRECTOR		X			L	_	_	4,000.	0.	0.
(6) H.E HAILEMARIAM DESSALEGN	4.00					l			_	_
DIRECTOR		X		lacksquare	<u> </u>	<u> </u>	_	4,000.	0.	0.
(7) H.E JAKAYA KIKWETE	4.00				l					
DIRECTOR		Х	_		-		_	2,000.	0.	0.
(8) HIXONIA NYASULU	4.00	l				'	1	0 000		
DIRECTOR	4-00	Х		<u> </u>	<u> </u>	<u> </u>	<u> </u>	2,000.	0.	0.
(9) JOACHIM VON BRAUM	4.00					ļ.,		1		_
DIRECTOR	4-00	X	_	_	_			0.	0.	0.
(10) JOSETTE SHEERAN	4.00						İ	F 000		_
DIRECTOR	4 00	X		\vdash	<u> </u>		-	5,000.	0.	0.
(11) JUDITH RODIN	4.00	,,							0	,
DIRECTOR	4 00	X	H	\vdash	┝	├	_	0.	0.	0.
(12) KANAYO MWANZE DIRECTOR	4.00	x						2,000.	0.	0.
(13) LINAH MOHOHLO	4.00	^	\vdash	\vdash			-	2,000.		<u> </u>
DIRECTOR	4.00	x				1		6,012.	0.	0.
(14) MARIA ANDRADE	4.00	^		-	\vdash	\vdash	-	6,012.	- 0.	<u> </u>
DIRECTOR	4.00	x	ŀ					4,000.	0.	0.
(15) NICK AUSTIN	4.00	 ^	\vdash	\vdash	-		-	4,000.	<u>U.</u>	<u> </u>
DIRECIOR	*****	x						0.	0.	0.
(16) RODGER VOORHIES	4.00	<u> </u>	\vdash	\vdash	\vdash	╁	\vdash	 		<u> </u>
DIRECTOR	2.00	x			Ì			0.	0.	0.
(17) STRIVE MASLYIWA	4.00	ᢡ	\vdash	-	-			 		
CHAIRMAN	4.00	х		х				0.	0.	0.
		12	L	43	Ь—		_	<u> </u>		

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Form 990 (2018)

Part VII Section A. Officers, Directors, Trus		nlov		and	Hiz	nhas		Compensated Employee		713	550	rage 0
	(B) (C)						<u>si C</u>		(F)			
(A)	Average			Posit		1		(D) (E)				-
Name and title	hours per	(do	not c	heck m ss pers	nore	than o	one	Reportable compensation	Reportable compensatio	<u>_</u>	Estim amou	
	week			nd a dir				from	from related		oth	
	(list any	턍						the	organizations		comper	
	hours for	E E	_	1 1		Pa	ĺ	organization	(W-2/1099-MIS	(C)	from	the
	related	stee o	ruste	1 1		ensa		(W-2/1099-MISC)			organi	
	organizations below	를	onal	1 1	oloye	E 29		1			and re	
	line)	individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated emptoyee	Former				organiz	ations
(18) LILIAN NYANGAYA	40.00	트	=	8	\$	호호	-					
CHIEF FINANCE OFFICER	40.00	ſ	ĺ	$ \mathbf{x} $			ĺ	213,041.	'	0.	26	007.
(19) ADAM GERSTENMIER	40.00	┢	┢	 ^ 			┝	213,041.		٠٠	20,	007.
CHIEF OF STAFF & STRATEGY	40.00	ł				х		193,986.		0.	16	500.
(20) DAUDI SUMBA	40.00	╁	┢	\vdash		^	⊢	193,980.		٠.	10,	500.
HEAD OF M&E	40.00	┨				х		214 227		0.	2 5	087.
(21) HILLARY TOROREY	40.00	┢	\vdash	Н	-	^	┨	214,227.		٠.	33,	087.
HEAD OF INTERNAL AUDIT	40.00	ł				x		149,910.		0.	2.4	407
(22) JOE DEVRIES	40.00	-	├	┥		^	├	143,310.		٠.	24,	407.
VP-PROGRAM DEVELOPMENT & INNOVATION	40.00	1				x		231,893.		0.	10	000.
(23) VANESSA ADAMS	40.00	├-	_			A	⊢	231,093.			10,	000.
VICE PRESIDENT COUNTRY SUPPORT	40.00	1				x		194,504.		0.	٥	000.
VICE PRESIDENT COUNTRY SUPPORT	<u> </u>	┢	┢	╁		^	╁	174,304.		"	· · · · ·	000.
		┨										
	-	┢	\vdash	╁		-	┢	 				
	 	1])]	ļ					
		┢	-			\vdash	┝			-		
		ł										
th Cub total	L		L					1,393,384.		0.	283	597.
1b Sub-total	I C 4: 4							0.		<u>0.</u>	205,	0.
c Total from continuation sheets to Part VI	I, Section A							1,393,384.		0.	283	<u>597.</u>
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r	at limited to th		licto	d ob	01/0	\ ,u,b	2 "		000 of reportable		205,	<u> </u>
2 Total number of individuals (including but r compensation from the organization	ot imited to th	1056	แอเล	u abi	OVE,) WII	O I E	scelved more than \$100,	ood of reportable			7
Compensation from the organization							_				Ye	
3 Did the organization list any former officer	director or tr	ietor	. ko	vem	nlo	VAA	or l	highest compensated en	nnlovee on	1		
line 1a? If "Yes," complete Schedule J for s		23101	, .c	y Oili	ipio	, cc,	0,	riigilest compensated en	ipioyee on		3	-
4 For any individual listed on line 1a, is the si		la co	mne	neat	hon	and	oth	ner compensation from t	ne organization		3 7	+
and related organizations greater than \$15	•		-					•	io organization		4 X	_
5 Did any person listed on line 1a receive or									lual for senuces		-	
rendered to the organization? If "Yes " con	•				-		Jaco	ed organization of maive	1001 101 301 11003		5	_ X
Section B. Independent Contractors	ibiete Schedul	9 3 1	O/ St	шпр	1013	UII	_				<u> </u>	
Complete this table for your five highest co	mpensated inc	lene	ndei	nt co	ntra	ector	rs th	hat received more than \$	100 000 of comp	ensai	tion from	
the organization Report compensation for	•	•										
(A)					•			(B)			(C)	
Name and business	address	NO	ONE	E				Description of s	ervices	С	ompensa	tion
	<u></u>							-			_	
							\neg					
2 Total number of independent contractors (i	ncluding but n	ot lır	nited	to t	hos	e lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organi	zation 🕨				_0)					• •	
-											Form 99	0 (2018)

98-0513530 IN AFRICA Page 9 Form 990 (2018) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue , Grants mounts 1a 1 a Federated campaigns 1b b Membership dues c Fundraising events 1c <u>1</u>d d Related organizations 33,626,523. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 61,231,178 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ 94,857,701. h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 913,250. 913,250 other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Secunties (iı) Other 9,415,431. assets other than inventory Less cost or other basis 9,432,587. and sales expenses -17,156. c Gain or (loss) -17,156. -17,156. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 164,797. OTHER REVENUE 900099 164,797. 11 a b d All other revenue

9

164,797.

164,797.

0.

896 094.

Form **990** (2018)

95,918,592.

e Total. Add lines 11a-11d

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Total revenue. See instructions

	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic			. —	
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign	,			
	organizations, foreign governments, and foreign				
	ındıvıduals. See Part IV, lines 15 and 16	48,457,455.	48,457,455.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	587,464.	475,278.	112,186.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	15,527,236.	12,577,059.	2,950,177.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,872,900.	1,517,049.	355,851.	
9	Other employee benefits	4,682,692.	3,792,981.	889,711.	
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	92,756.	82,553.	10,203.	
C	Accounting	314,726.	280,106.	34,620.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				···_
f	Investment management fees	68,470.	60,938.	7,532.	
g	Other (If line 11g amount exceeds 10% of line 25,			4 4 4 4 4 5 4	
	column (A) amount, list line 11g expenses on Sch O.)	9,471,418.	8,429,562.	1,041,856.	
12	Advertising and promotion	20,547.	11,712.	8,835.	
13	Office expenses	926,954.	528,364.	398,590.	<u> </u>
14	Information technology	466,895.	266,130.	200,765.	
15	Royalties	004 000	560 006	402 154	· -
16	Occupancy	984,080.	560,926.	423,154.	· =
17	Travel	4,385,593.	3,859,322.	526,271.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2 721 500	2 612 724	100 064	
19	Conferences, conventions, and meetings	2,721,598.	2,612,734.	108,864.	
20	Interest				<u> </u>
21	Payments to affiliates	162 160	115,540.	346 620	
22	Depreciation, depletion, and amortization	462,160. 44,206.	25,197.	346,620. 19,009.	
23	Insurance	44,200.	43,13/.	13,003.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	FOREIGN CURRENCY TRANSL	957,219.	545,615.	411,604.	
b	OTHER PROJECT EXPENSES	816,555.	467,234.	349,321.	
C	VAT	681,235.	388,304.	292,931.	
d	TRAINING	609,412.	347,365.	262,047.	
_	All other expenses	918,720.	523,669.	395,051.	
25	Total functional expenses. Add lines 1 through 24e	95,070,291.	85,925,093.	9,145,198.	
<u>26</u>	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		ļ		
	Check here if following SOP 98-2 (ASC 958-720)				

ar	t X	Balance Sheet			
_		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
П	1	Cash - non-interest-bearing	3,782,302.	1	15,216
J	2	Savings and temporary cash investments	21,523,059.	2	43,562,310
			21,323,033.	3	15,502,510
	3	Pledges and grants receivable, net	3,075,941.	4	2,450,965
	4	Accounts receivable, net	3,073,341.	-4	2,430,903
- 1	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
	_	Part II of Schedule L		5_	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
- 1		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
١ ١	8	Inventories for sale or use	111 001	8	040 403
ŀ	9	Prepaid expenses and deferred charges	144,091.	9	849,493
ı	10a	Land, buildings, and equipment cost or other			
ļ		basis Complete Part VI of Schedule D 10a 4,849,828.			4 055 05
Ĭ	b	Less accumulated depreciation 10b 3,793,564.	1,131,133.	10c	1,056,264
	11	Investments - publicly traded secunties	36,482,188.	11	27,049,603
	12	Investments - other secunties See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	2,064,60
- 1	14	Intangible assets		14	117,50
1	15	Other assets. See Part IV, line 11	0.	15	238,35
Ц	16	Total assets. Add lines 1 through 15 (must equal line 34)	66,138,714.	16	77,404,31
	17	Accounts payable and accrued expenses	7,516,368.	17	7,546,13
	18	Grants payable	9,554,942.	18	6,821,59
ŀ	19	Deferred revenue		19	
- [20	Tax-exempt bond liabilities		20	
1	21	Escrow or custodial account liability Complete Part IV of Schedule D	<u> </u>	21	
,	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
		Complete Part II of Schedule L		22	
i	23	Secured mortgages and notes payable to unrelated third parties		23	
-	24	Unsecured notes and loans payable to unrelated third parties		24	9,135,16
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	17,071,310.	26	23,502,89
		Organizations that follow SFAS 117 (ASC 958), check here X and			
,		complete lines 27 through 29, and lines 33 and 34.			
}	27	Unrestricted net assets	14,606,600.	27	8,121,94
	28	Temporarily restricted net assets	34,460,454.	28	45,779,478
; [29	Permanently restricted net assets		29	
•		Organizations that do not follow SFAS 117 (ASC 958), check here			
;		and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
3	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
wer Assets of and balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	49,067,054.	33	53,901,422
			66,138,364.	34	77,404,312

Form **990** (2018)

ALLIANCE FOR A GREEN REVOLUTION IN AFRICA

Form	990 (2018) IN AFRICA	<u>98</u> -	0513	530	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
		- 1				
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		,91		
2	Total expenses (must equal Part IX, column (A), line 25)	2	95	,070		
3	Revenue less expenses Subtract line 2 from line 1	3				01.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	49	<u>,06'</u>	7,0	<u>54.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8	3	<u>, 98</u>	5 <u>,0</u>	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	53	<u>,90:</u>	L,4	<u>22.</u>
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					oxdot
1	Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C				Yes	No
22	Were the organization's financial statements compiled or reviewed by an independent accountant?					x
Lu	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis.				
	consolidated basis, or both					1
	Separate basis X Consolidated basis Both consolidated and separate basis			ĺĺ		1 1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit.				
	review, or compilation of its financial statements and selection of an independent accountant?	,		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Scheduler	dule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing		ıt			
	Act and OMB Circular A-133?		'	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	ıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		<u> </u>
				Form	990	(2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

ALLIANCE FOR A GREEN REVOLUTION

OMB No 1545-0047

2018

Open to Public Inspection Employer identification number

		IN A	FRICA						<u>8-0513530</u>				
Pa	rtΤ	Reason for Public (Charity Status (All organizations must co	omplete th	is part) Se	e instructions						
The	organ	ization is not a private found											
1		A church, convention of chi	urches, or associatio	n of churches described	lın sectio	n 170(b)(1	I)(A)(i).		$\overline{}$				
2		A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	90-EZ))		\sim	\				
3		A hospital or a cooperative		•		• •	ii).		<i>)</i> '				
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	(iii). Enter	the hospital's name,				
		city, and state	·	•				,					
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental u	nit describe	ed in				
_	_	section 170(b)(1)(A)(ıv). (C			•								
6		A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that norma	-					e general i	public described in				
-		section 170(b)(1)(A)(vi). (Complete Part II)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)											
9	一	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
		or university or a non-land-g											
		university	,	,				Ū					
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its sup	port from c	ontributio	ns, membersh	nip fees, an	nd gross receipts from				
		activities related to its exem	• • • • • • • • • • • • • • • • • • • •	•					= :				
		income and unrelated busin	•	•					_				
		See section 509(a)(2). (Cor		,		·	, ,						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety See :	section 50	09(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section (509(a)(2)	See section 5	509(a)(3). (Check the box in				
		lines 12a through 12d that	describes the type of	supporting organization	n and com	plete lines	12e, 12f, and	12g					
а		Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting				
		organization You must o	omplete Part IV, Se	ections A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	/ing				
		control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	ge the supp	ported				
		organization(s) You mus	t complete Part IV,	Sections A and C.									
С		Type III functionally inte	grated. A supporting	g organization operated	ın connect	ion with, a	and functional	ly integrate	ed with,				
		its supported organization	n(s) (see instructions)). You must complete l	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness				
		requirement (see instructi	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	I, Type III					
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation							
f	Ente	er the number of supported o	organizations										
<u>_</u> g		vide the following information	about the supporte	d organization(s)									
	(i) Name of supported	(II) EIN	(III) Type of organization (described on lines 1-10	in your doveru	ng document?	(v) Amount of	monetary	(vi) Amount of other				
	_	organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions				
]						
				· · · · · · · · · · · · · · · · · · ·			· <u> </u>						
							1						
		<u>-</u> -											
			ļ										
					-	<u> </u>							
T - 4 -			ı	i	1		1		I .				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 IN AFRICA

98-0513530 Page 2

Pa	Support Schedule for	•		•				-	
	(Complete only if you checke fails to qualify under the tests			•	n failed to qualify i	under F	'art III If the	organizati	on
Sec	ction A. Public Support	- Isted Delow, pied	ioc complete r dict						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	Τ ,	e) 2018	(f) To	tal
	Gifts, grants, contributions, and	(a) 2014	(0) 2013	(6) 2010	(u) 2017	 	<u> </u>	10 10	ılaı
•	membership fees received. (Do not							1	
	include any "unusual grants ")	67715627.	69273265.	47305288	89020653.	948	57701.	36817	2534
2	Tax revenues levied for the organ-	077230271	032732031	27.5052000		7	<u> </u>	7 0 0 2 /	
_	ization's benefit and either paid to								
	or expended on its behalf							1	
3	The value of services or facilities								
_	furnished by a governmental unit to	1	İ		ľ	1			
	the organization without charge								
4	Total. Add lines 1 through 3	67715627.	69273265.	47305288.	89020653.	948	57701.	36817	2534
5	The portion of total contributions	· · · · · · · · · · · · · · · · · · ·			_				
_	by each person (other than a			ł	ł	1			
	governmental unit or publicly					l			
	supported organization) included								
	on line 1 that exceeds 2% of the				1				
	amount shown on line 11,	1	1]			1	
	column (f)			L				19555	
6	Public support. Subtract line 5 from line 4							17261	8606
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017		e) 2018	(f) To	
7	Amounts from line 4	67715627.	69273265.	47305288.	89020653.	948	<u>57701.</u>	36817	<u> 2534</u>
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	4209850.	3388941.	2554685.	493,472.	91	<u>3,250.</u>	<u> 11560:</u>	<u> 198.</u>
9	Net income from unrelated business			•					
	activities, whether or not the								
	business is regularly carried on								
10	Other income Do not include gain								
	or loss from the sale of capital				1	١			
	assets (Explain in Part VI)					16	<u>4,797.</u>		
11	Total support. Add lines 7 through 10		<u></u>	L	L	ļ		37989	<u> 7529</u>
	Gross receipts from related activities,	•	•			12			
13	First five years. If the Form 990 is fo	_	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(d	;)(3)		
	organization, check this box and sto	p here	-contogo						
	ction C. Computation of Publ					ТТ		4 E 4	4 .
	Public support percentage for 2018 (• • • • • • • • • • • • • • • • • • • •	-	column (f))		14		45.4	
	Public support percentage from 2017		•			15		65.00	0 %
16a	33 1/3% support test - 2018. If the	=			14 is 33 1/3% or n	nore, ch	neck this bo		. च
	stop here. The organization qualifies		_						X
b	33 1/3% support test - 2017. If the				l line 15 is 33 1/3%	or mo	re, check th	ns box	. —
	and stop here. The organization qua								
17a	10% -facts-and-circumstances test								
	and if the organization meets the "fac					art VI h	w the orgai	nization	
	meets the "facts-and-circumstances"							1	▶□
b	10% -facts-and-circumstances test	-	•						
	more, and if the organization meets the							e	
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualities as a public	cly supported orga	nızatıo	n		▶∟

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Section	(Complete only if you checked qualify under the tests listed be a A. Public Support						
	year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	s, grants, contributions, and	(a) 2014	(6) 2015	(0) 2010	(0) 2017	10,2010	
	nbership fees received (Do not				1	1	
			}	}	1	1	/
	ude any "unusual grants.")		ļ	 		 -	-/ -
	ss receipts from admissions,						/
	chandise sold or services per- ned, or facilities furnished in		1	1		1 .	X
	activity that is related to the				[1	
	anization's tax-exempt purpose						
3 Gro	ss receipts from activities that						
are i	not an unrelated trade or bus-	•	,	ļ	ł.		
ines	s under section 513	1			!		
4 Tay	revenues levied for the organ-						
	on's benefit and either paid to			1			
	xpended on its behalf				1		
	·					/	
	value of services or facilities				/		
	ished by a governmental unit to		}	}	/		}
the	organization without charge					 	
6 Tota	al. Add lines 1 through 5		<u> </u>			<u></u>	
7a Amo	ounts included on lines 1, 2, and			1			
3 red	ceived from disqualified persons						<u> </u>
	ints included on lines 2 and 3 received						
	other than disqualified persons that ad the greater of \$5,000 or 1% of the				1		1
	ant on line 13 for the year				1	}	1
	lines 7a and 7b						
	lic support. (Subtract line 7c from line 6)				·	<u> </u>	
	n B. Total Support						
Calendar	year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	X (c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amo	ounts from line 6		l				<u> </u>
	ss income from interest,					i	1
	dends, payments received on						
	urities loans, rents, royalties, income from similar sources						
	elated business taxable income						
	s section 511 taxes) from businesses				}	1	
•	nred after June 30, 1975			\	,		
•	·		/				
	lines 10a and 10b		<u> </u>		<u> </u>		
	income from unrelated business vities not included in line 10b.						
	other or not the business is		Ì	ļ		ļ	
regu	ularly carried on						<u> </u>
	er income. Do not include gain		}				
	oss from the sale of capital ets (Explain in Part VI)						
	I SUPPORT. (Add lines 9, 10c, 11, and 12)						
	t five years. If the Form 990 is for	The organization's	s first second thir	d fourth or fifth ta	ax vear as a section	n 501(c)(3) organiza	ation
	ck this box and stop here	vano organización c	s mot, occorra, am	a ,	,	1 00 1 (0)(0) 0 1 gai 2	▶
	n C. Computation of Publi	c Support Per	centage				
	lic support percentage for 2018 (li			nolumn (0)		15	
				column (i))		16	
	lic support percentage from 2017 n D. Computation of Inves					1 16 1	9
						11	
	estment income percentage for 20			ne 13, column (f))		17	9
	stment income percentage from 2					18	9
19a 33 1	1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and line	15 is more than 3	33 1/3%, and line 1	\s not
	e than 33 1/3%, check this box ar	•					→ □
b 33 1	1/3% support tests - 2017. If the	organization did r	not check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	and \
	18 is not more than 33 1/3%, chec						\ ▶□
	ate foundation. If the organizatio						
	11-18					edule A (Form 99	

Schedule A (Form 990 or 990-EZ) 2018 IN AFRICA
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I if you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a				
	(b) and (c) below Did the experimentary confirm that each supported experimentary multiple under continue 501(a)(4). (5) as (6) and	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	3b	_	
c	organization made the determination Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	30		
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b_		
c				
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	<u>5a</u>	\vdash	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b_		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5c		
6	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			i
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			-
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b				
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	$\vdash \vdash \vdash$	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			, ,
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40-		
L	supporting organizations)? If "Yes," answer 10b below	10a		
Ŋ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			نــــــــــــــــــــــــــــــــــــــ

determine whether the organization had excess business holdings. 832024 10-11-18

Sche	dule A (Form 990 or 990-EZ) 2018 IN AFRICA	<u>9</u> 8-051	L353	0 Pa	age 5
Pa	t IV Supporting Organizations (continued)				
				Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ŀ	,		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	[.			
	below, the governing body of a supported organization?	į	11a_		
b	A family member of a person described in (a) above?		11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.		1 <u>1c</u>		<u> </u>
Sec	tion B. Type I Supporting Organizations				
				Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1	'		٠.
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ŀ	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		ĺ	ĺ
	controlled the organization's activities. If the organization had more than one supported organization,				
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	<u> </u>			<u> </u>
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	Į.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported	}		l	l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			,	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	supervised, or controlled the supporting organization.		2		
Sec	tion C. Type II Supporting Organizations				
		_		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors				
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			١٠	'
	or management of the supporting organization was vested in the same persons that controlled or managed	Ł			
	the supported organization(s).		1		
Sec	tion D. All Type III Supporting Organizations				
				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			,	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			٠.	•
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		<u></u>	<u> </u>	
	the organization maintained a close and continuous working relationship with the supported organization(s)	į	2_		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	i		_ ا	
	significant voice in the organization's investment policies and in directing the use of the organization's			. '	٠, ٠
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		<u>. </u>	l	
	supported organizations played in this regard.		3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structions).			
а	The organization satisfied the Activities Test Complete line 2 below				
b	The organization is the parent of each of its supported organizations. Complete line 3 below				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	ity (see instr	uctions)	
2	Activities Test Answer (a) and (b) below.			Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ĺ			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		*		١. ١
	those supported organizations and explain how these activities directly furthered their exempt purposes,				Ι,
	how the organization was responsive to those supported organizations, and how the organization determined				
	that these activities constituted substantially all of its activities	1	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	ſ	;		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	ļ	-		
	reasons for the organization's position that its supported organization(s) would have engaged in these	İ		L.,	
	activities but for the organization's involvement		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	ļ.	· -		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	Į		7	
_	trustees of each of the supported organizations? Provide details in Part VI.	ľ	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ļ			
_	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	ľ	3b		
		A /Form 90		O E7	2010

Sche	edule A (Form 990 or 990 EZ) 2018 IN AFRICA			8-0513530 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 (explain in Pa	art VI) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5	***	
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
_	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		 .
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	" .		1 , 1
	instructions for short tax year or assets held for part of year)		* · · · · · · · · · · · · · · · · · · ·	<u>, </u>
_ a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
_ d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	г		
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
_	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
_8	Mınimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		• • • • • • • • • • • • • • • • • • • •	Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	, "	
_4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5	* "	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		ſ	
_	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrat	ted Type III supporting organ	ization (see
_	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

	dule A (Form 990 or 990 EZ) 2018 IN AFRICA	() (0) 0		8-0513530 Page 7
Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
<u>Sect</u>	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	<u> </u>	
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	<u> </u>		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
_	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			-
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017		· 	
_	Total of lines 3a through e			
<u>_</u>	Applied to underdistributions of pnor years			
	Applied to 2018 distributable amount			
- <u>"</u>				
-	Remainder Subtract lines 3g, 3h, and 3i from 3f			
- <u>-</u> L	Distributions for 2018 from Section D,		· · · · · · · · · · · · · · · · · · ·	
4	line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount Remainder Subtract lines 4a and 4b from 4			
		<u> </u>		
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
_	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions		· · · · · · · · · · · · · · · · · · ·	
7	Excess distributions carryover to 2019. Add lines 3			
	and 4c		·	
8_	Breakdown of line 7	 	<u></u>	
	Excess from 2014		<u> </u>	-
	Excess from 2015			
	Excess from 2016			
_	Excess from 2017			
_ е	Excess from 2018	I		

Schedule A (Form 990 or 990-EZ) 2018

Part V	Part IV, Se	nental I ction A, I IV, Secti lines 5, 6	nformaines 1, 2 on D. line	ation. F , 3b, 3c, 4 es 2 and 3	Provide t 4b, 4c, 5 3. Part l	the explan 5a, 6, 9a, 9 V. Section	b, 9c, 11a, 1° E. lines 1c. 2	lb, and 1 a. 2b. 3a	1c, Part IV, . and 3b. Pa	Section B, lines rt V, line 1, Part	98-05135 or 17b, Part III, line 1 and 2, Part IV, Se V, Section B, line 1 onal information.	12, ection C.
<u>SCHEI</u>	DULE A,	PART	II,	LINE	10,	EXPL	ANATION	FOR	OTHER	INCOME:		
OTHE	R REVENU	<u>E</u>										
2018	AMOUNT:	\$	164,	797.					·			
	- 	_										
	-				<u></u>							
_												
						<u>.</u> .		·	<u> </u>			
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					· ·	_					···	
												
			<u> </u>									<u> </u>

832028 10-11-18

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

ALLIANCE FOR A GREEN REVOLUTION

OMB No 1545-0047 18 Open to Public Inspection

Name of the organization TN APPTCA

Employer identification number 98-0513530

Pai			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iin	e 6 (a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised iditios	(b) Fullus and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		E J.
5	Did the organization inform all donors and donor advisors in the	-	
_	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose co	
Par	impermissible private benefit? Till Conservation Easements. Complete if the org	ranization answered "Ves" on Form 990 Pa	Yes No
			it iv, line /
1	Purpose(s) of conservation easements held by the organization	_	andly and ordered land over
	Preservation of land for public use (e.g., recreation or e		ically important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of	1 1
	day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	A construction of the desired on Arthur	2b
c	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	inter //25/06, and not on a historic structure	
_	listed in the National Register	A section with a discontinuous and breakly and	
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the oi	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	<u></u>	
5	Does the organization have a written policy regarding the per		О. О.
	violations, and enforcement of the conservation easements it		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conser	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand \$\\$\$	lling of violations, and enforcing conservatio	n easements during the year
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)((4)(B)(i)
_	and section 170(h)(4)(B)(ii)?	, , , , , , , , , , , , , , , , , , , ,	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	atement, and balance sheet, and
_	include, if applicable, the text of the footnote to the organizat		
	conservation easements		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statemen	nt and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		nd balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, ed		
	relating to these items	,	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treations	asures, or other similar assets for financial o	
_	the following amounts required to be reported under SFAS 1	•	
_	B	TO VICO 300) Tolating to these items	▶ \$
a h	Assets included in Form 990, Part X		S S S S S S S S S S
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2018

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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ALLIANCE FOR A GREEN REVOLUTION IN AFRICA

	t III Organizations Maintaining C		Historical Tre	asures or Othe			13530	
ч				_				_
3	Using the organization's acquisition, accessi	on, and other records	s, check any or the	ollowing that are a s	signinicant u	se oi its t	ollection it	.ems
	(check all that apply)		<u> </u>					
a	Public exhibition	d	_	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations					_		
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's exe	empt purpos	se in Part	XIII	
5	During the year, did the organization solicit of	r receive donations o	f art, historical treas	sures, or other simila	ar assets	_	_	
	to be sold to raise funds rather than to be ma						Yes	No
Pai	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes" o	n Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other assets no	tincluded	_	-	
	on Form 990, Part X?						_ Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table					
					- }		Amount	
С	Beginning balance				1c			
d	Additions during the year				_1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
	Did the organization include an amount on F					L_	_ Yes	U No
	If "Yes," explain the arrangement in Part XIII							
Pai	t V Endowment Funds. Complete	f the organization ans	swered "Yes" on Fo	orm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y			ears back
1a	Beginning of year balance	34,460,454.	40,332,990.	93,544,729.		13,839.		244,124.
b	Contributions	91,857,701.	89,020,653.	47,305,288.	 	73,266.	 	715,627.
С	Net investment earnings, gains, and losses	0.	493,472.	2,554,685.	+	09,850.	 	88,941.
d	Grants or scholarships	0.	45,677,993.	54,216,914.	61,9	86,206.	102,9	57,808.
e	Other expenditures for facilities							
	and programs 85,326,442. 26,555,703. 25,495,178. 23,831,							09,065.
f	Administrative expenses	0.	18,920,869.	20,561,413.		73,046.		64,184.
g	End of year balance	40,991,713.	34,460,454.	40,332,990.	93,5	44,729.	98,9	13,839.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a))) held as				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
¢	Temporarily restricted endowment > 10	<u>0.00 </u> %						
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%						
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for t	the organiza	ation	,	
	by						<u> </u>	es No
	(i) unrelated organizations						3a(ı)	<u> </u>
	(ii) related organizations						3a(II)	X
b	If "Yes" on line 3a(ii), are the related organization	itions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		vment funds					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answere							
	Description of property	(a) Cost or of		1	Accumulate		(d) Book	value
		basis (investm	ent) basis	(other) d	epreciation	<u> </u> _		
1a	Land							
b	Buildings			1 545	456 5	. 		0.5.0
c	Leasehold improvements	<u> </u>		1,545.	456,58			<u>,958.</u>
d	Equipment				886,09			<u>,367.</u>
	Other			2,819.	450,88	80.		<u>,939.</u>
Total	I. Add lines 1a through 1e. (Column (d) must e	aval Form 900 Part	Column (R) line 1	001			1,056	.264.

Schedule D (Form 990) 2018 IN AFRICA			98-0513530 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost	or end-of-year market value
(1) Financial derivatives			
2) Closely-held equity interests	-		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)		_ 	· · · · · · · · · · · · · · · · · · ·
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<u></u>	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, I		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost	or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)	- "		
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, II	ne 11d See Form 990, Part X, line 15	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	2 15)		D
Part X Other Liabilities.	9 19.7		
Complete if the organization answered "Yes"	on Form 990 Part IV II	ne 11e or 11f. See Form 990. Part X. lu	ne 25
(a) Decorption of liability	OTT CITE COO, T GREAT, II	(b) Book value	
(1) Federal income taxes		(2)	
			
(2)			
(3)			
(4)			
(5)			
(6)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	9 <u>25.)</u>		
2. Liability for uncertain tax positions In Part XIII, provide	the text of the footnote	to the organization's financial stateme	ents that reports the

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organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

ALLIANCE FOR A GREEN REVOLUTION IN AFRICA

Schedule D (Form 990) 2018 IN AFRICA		98-0513530 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per Re	eturn.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	10-1	[[
a Net unrealized gains (losses) on investments b Donated services and use of facilities	2a	1
	2c	-
d Other (Describe in Part XIII.)	2d	1 1
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a]
b Other (Describe in Part XIII)	4b]
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	- 10414	5
Part XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per l	Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	 	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
a Donated services and use of facilities	2a	4
b Prior year adjustments	2b	4 1
c Other losses	2c	1
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d 3 Subtract line 2e from line 1		2e 3
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	1
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)		5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part III	V, lines 1b and 2b, Part V, line 4	1, Part X, line 2, Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional states and 4b.	tional information	
		
D1DM 17		
PART V, LINE 4:		
THE ENDOWMENT FUNDS ARE USED TO MEET THE PROG	RAM EXPENSE OBLI	CATTONS
THE ENDOWMENT FUNDS ARE USED TO MEET THE FROM	RAM BAFBNSE OBDI	.GA110105
SUBJECT TO DONOR IMPOSED STIPULATIONS.		
BOBOLCI TO BONON IM OBED BITTOMITONS.	· 	
PART X, LINE 2:		
AGRA IS EXEMPT FROM FEDERAL INCOME TAX UNDER	SECTION 50L(C) (3) OF THE
UNITED STATES TAX CODE. US GAAP REQUIRES THAT	CONSOLIDATED FI	NANCIAL
STATEMENTS REFLECT THE EXPECTED FUTURE TAX CO	NSEQUENCES OF UN	CERTAIN TAX
	mo mive ov i mi	
POSITIONS THAT AN ENTITY HAS TAKEN OR EXPECTS	TO TAKE ON A TA	X RETURN,
PRESUMING THE TAX AUTHORITIES' FULL KNOWLEDGE	הב האה הטפושוטא	I AND ALT.
LVEROWING THE TAY WOLLOWITTER LAND WHOMPEDGE	OF THE LOSTITON	י שאַט אַווּוּ
RELEVANT FACTS. US GAAP ALSO REQUIRES THAT AN	ENTITY RECOGNIZ	ттаяиза энт э
THE PARTY OF THE PROPERTY OF THE PARTY OF TH		
OF TAX POSITIONS WHEN IT IS MORE LIKELY THAN	NOT THAT THE PRO	VISION WILL
832054 10-29-18		Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 IN AFRICA	98-0513530 Page 5
Part XIII Supplemental Information (continued)	
BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION. AGRA	A PERFORMED A RISK
ASSESSMENT OF UNCERTAIN TAX POSITIONS FOR THE YEARS ENDI	ED DECEMBER 31,
2018 AND DETERMINED THAT THERE WERE NO MATTERS THAT WOUL	D REQUIRE
RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR	WHICH MAY HAVE ANY
EFFECT ON ITS TAXEXEMPT STATUS. IT IS AGRA'S POLICY TO I	RECOGNIZE INTEREST
OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY	, AS AN EXPENSE. AS
OF DECEMBER 31, 2018, AGRA HAD NO ACCRUED INTEREST OR PI	ENALTIES.
PART V ENDOWMENT FUNDS	
THE ENDOWMENT FUNDS ARE USED TO MEET THE PROGRAM EXPENSI	ES OBLIGATIONS
SUBJECT TO DONOR IMPOSED STLPULATIONS THAT ARE EXPECTED	TO BE MET BY
ACTIONS OF AGRA AT THE PASSAGE OF TIME BASIS OR BOTH.	

Schedule D (Form 990) 2018

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ➤ Attach to Form 990.

Department of the Treasury

Open to Public

Internal Revenue Service	► Go to v	www.irs.gov/Fo	rm990 for instructions and the latest i	nformation.		Inspection *
Name of the organization ALLIANCE FOR A	GREEN REV	OLUTION			Employer identi	fication number
IN AFRICA					98-05135	30
Part I General Infor	mation on A	ctivities Out	side the United States. Complet	e if the organ	zation answered '	Yes" on
 Form 990, Part IV						
1 For grantmakers, Does	the organization	maintain record	ds to substantiate the amount of its gran	ts and other	assistance,	_
the grantees' eligibility fo	or the grants or a	ssistance, and t	the selection criteria used to award the g	rants or assis	stance?	Yes X No
2 For grantmakers. Desc United States	ribe in Part V the	organization's (procedures for monitoring the use of its (grants and ot	her assistance out	side the
3 Activities per Region (Th	ne following Part	l, line 3 table ca	an be duplicated if additional space is ne	eded)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	1	202	GRANT MAKING			48,457,455.
SUB-SAHARAN AFRICA		202	GRAVI FIATING			10,437,433.
3 a Subtotal	1	202		•.		48,457,455.
b Total from continuation sheets to Part I	0	0_		,	· · ·	. 0.
c Totals (add lines 3a and 3b)	1	202			, =	48,457,455.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2018

98-0513530

Page 2

Schedule F (Form 990) 2018 IN AFRICA 98-0513530

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN	-					
	İ	APRICA	PIATA	10,827.	EFT	0.		<u> </u>
-					-			
		SUB-SAHARAN						
	1	APRICA	PIATA	337,521.	EFT	0.		
		-						
	İ				1			ſ
		SUB-SAHARAN APRICA	PIATA	435,837.	PPT	٥,		
		AFRICA		+ 433,037.	-			
		SUB-SAHARAN						
- <u>-</u>	 	APRICA	PIATA	33,430.	EPT	0.		
					1			
		SUB-SAHARAN						
		APRICA	PIATA	274,837.	EFT	0.		
							1	
		SUB-SAHARAN						
		AFRICA	PIATA	19,300.	EFT	0.		
	-							
		SUB-SAHARAN	L.,,,,	40.555	225			
	 	APRICA	PIATA	40,895.	EFT	0.		
					1			
		SUB-SAHARAN						
		APRICA	PIATA	57,092.	ept	0.		

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exemple.
	but the IDC or for which the greates or assemble a provided a control E01(a)(0) assemble or letter

Enter total number of other organizations or entities

Schedule F (Form 990) 2018

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Schedule F (Form 990)	IN AF		LLIN NEVOLOTION		98-05	13530		Page 2
	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States	(Schedule F (Form 9	(Schedule F (Form 990), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	÷	SUB-SAHARAN APRICA	PIATA	113,282.	EPT	0.		
		SUB-SAHARAN AFRICA	PIATA	67,365.	EPT	0.		
		SUB-SAHARAN APRICA	PIATA	82,865.	BPT	0.		
,		SUB-SAHARAN APRICA	PIATA	36,630.	EPT	0.		
r!		SUB-SAHARAN APRICA	PIATA	7,140.	EPT	0.		
	,	SUB-SAHARAN APRICA	PIATA	12,260.	EPT	0.		
		SUB-SAHARAN APRICA	PIATA	160,384.	EPT	o.}		
		SUB-SAHARAN APRICA	PIATA	76,334.	EPT	0.		
		SUB-SAHARAN APRICA	PIATA	56,947.	EPT	0.		

ichedule F (Form 990)	IN AF	RICA			98-05	13530		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside th	e United States	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
	1	SUB-SAHARAN		ĺ				
	 	APRICA	PIATA	49,577.	EPT	0.		
		SUB-SAHARAN						
	i i	APRICA	PIATA	73,522.	EFT	0.		
		SUB-SAHARAN						
		APRICA	PIATA	29,064.	EFT	0.		
		SUB-SAHARAN						
		APRICA	PIATA	40,992.	EPT	- 0.		
		SUB-SAHARAN				l		ł
	1	APRICA	PIATA	60,136,	EFT	0.		
		SUB-SAHARAN						
		APRICA	PIATA	876,913.	EFT	0.		
		SUB-SAHARAN APRICA	PIATA	57,895.	ppm	0.		
	 	PLATEN	k tutu	31,833.		- ",		
	Ì	SUB-SAHARAN				}		
		APRICA	PIATA	509,054.	EPT	0.		
		:						
		SUB-SAHARAN AFRICA	DT. M.	181,785.	ppm	0.		1
)	MAKTCA	PIATA	1 181,/85.	Pr. 1	ا.ن		J

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Schedule F (Form 990)	IN AF				Page 2			
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States,	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
·		SUB-SAHARAN APRICA	PIATA	96,704.	EPT	0.		
·		SUB-SAHARAN APRICA	PIATA	183,869.	EFT	0.		
1		SUB-SAHARAN APRICA	PIATA	151,630.	EPT	0.		
·	, 	SUB-SAHARAN APRICA	PIATA	129,366.	EFT	0.		
	l .	SUB-SAHARAN AFRICA	PIATA	128,988.	EFT	0.		
-		SUB-SAHARAN APRICA	PIATA	210,827.	E PT	0.		
·	,	SUB-SAHARAN APRICA	PIATA	12,795.	EPT	0.		
		SUB-SAHARAN APRICA	PIATA	183,205	EPT	0		
	,	SUB-SAHARAN AFRICA	PIATA	54,244.	EFT	_0.		

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Schedule	F (Form 990)	IN AF	RICA			98-05	13530		Page
Part II .	Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	Unrted States.	(Schedule F (Form 9	90), Part II, line 1	<u> </u>	
1 (a) Nam	e of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		1							
			SUB-SAHARAN						
	,		APRICA	PIATA	405,106.	EFT	0.	.	
		1	SUB-SAHARAN	L					
			APRICA	PIATA	26,100.	EFT	0.		+
					}				
			SUB-SAHARAN APRICA	PIATA	220,582.	EFT	ا.ه		
			SUB-SAHARAN						
				PIATA	170,300.	EPT	0.		
				l					
			SUB-SAHARAN						
			APRICA	PIATA	241,975.	EPT	0.		
			SUB-SAHARAN						
			APRICA	PIATA	311,997	EFT	0.		
,							İ		
		L	SUB-SAHARAN APRICA	PIATA	77,225.	RPT	0.		
	<u>-</u>				,	<u> </u>	· · ·		
			CUD CAUADAN			[
_			SUB-SAHARAN APRICA	PIATA	20,880.	EPT	0.		
]							
	•	i	SUB-SAHARAN						
			APRICA	PIATA	15,660.	EPT	٥. ا		

Schedule F (Form 990)	ALLIA IN AF		REEN REVOLUTION		98-05	13530		Page 2
			ations or Entities Outside th	e United States.	(Schedule F (Form 9			1 030 2
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN APRICA	PIATA	250,855.	EPT	0.		
	L.	SUB-SAHARAN APRICA	PIATA	89,288.	EFT	0		
-	1	SUB-SAHARAN AFRICA	PIATA	240,906.	ept	0.		
		SUB-SAHARAN AFRICA	PIATA	132,023	EFT	0.		
		SUB-SAHARAN APRICA	PIATA	183,446.	EPT	0.		
		SUB-SAHARAN AFRICA	PIATA	227,419.	EFT	0.		
٠.	ſ	SUB-SAHARAN AFRICA	PIATA	88,335.	BPT	0.		
		SUB-SAHARAN APRICA	PIATA	183,800.	EPT	0		
,	1	SUB-SAHARAN APRICA	PIATA	150,000.	EPT	0,		

Schedule F	(Form 990)	IN AF		BEN REVOLUTION	_	98-05	13530		Page 2
Part II	Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	Unrted States.	(Schedule F (Form 9			
1 (a) Name	of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	PIATA	263,295.	EFT	0.		
			SUB-SAHARAN APRICA	PIATA	220,207.	BPT	0.	· ——	
			SUB-SAHARAN AFRICA	PIATA	162,750.	EPT	0.		
			SUB-SAHARAN AFRICA	PIATA	51,280.	EPT	0.		
,			SUB-SAHARAN AFRICA	PIATA	148,766	EFT	0.	<u>-</u>	
,		i	SUB-SAHARAN AFRICA	PIATA	177,442.	EPT	0.		
		1	SUB-SAHARAN AFRICA	PIATA	136,673.	EFT	0		
		1	SUB-SAHARAN APRICA	PIATA	94,405.	EFT	0.		
		1	SUB-SAHARAN APRICA	PIATA	471,506.	EPT	0.		

Schedule F (Form 99			NOTION WAS NAMED		98-05	13530		Page 2
			ations or Entities Outside th	e United States	s (Schedule F (Form 990), Part II, line 1)			
1 (a) Name of organi	(b) IRS code section and EIN (if applicable	I (c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	PIATA	225,506.	EFT	0.	_	
		SUB-SAHARAN AFRICA	PIATA	488,288.	BPT	0.		
		SUB-SAHARAN APRICA	PIATA	523,679.	EPT	0.		
		SUB-SAHARAN AFRICA	PIATA	111,644.	EFT	0.		
		SUB-SAHARAN APRICA	PIATA	334,940.	BPT	0.		
		SUB-SAHARAN APRICA	PIATA	34,936	EFT	0.		
		SUB-SAHARAN APRICA	PIATA	25,363.	EFT	0.		
		SUB-SAHARAN APRICA	PIATA	13,125	BPT	0.	. <u>-</u>	
		SUB-SAHARAN AFRICA	PIATA	15,225.	EPT	0.		

(c) Region and EN (if applicable) (c) Region grant of cash grant cash disbursement assistance of non-cash assistance assistance assistance of non-cash assistance ass	chedule F (Form 990)	IN AF		.BEN REVOLUTION		98-05	13530		Page 2
	Part II Continuation of	f Grants and Other	Assistance to Organiza	itions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1		
APRICA PIATA 44,413, EPT 0,		1	(c) Region	1 '' '			non cash	of non-cash	(i) Method of valuation (book, FM\ appraisal, other)
SUB-SAHARAN AFRICA PIATA 463,892,EFT 0 SUB-SAHARAN AFRICA PIATA 215,860,EFT 0. SUB-SAHARAN AFRICA PIATA 99,537,EFT 0. SUB-SAHARAN AFRICA PIATA 74,865,EFT 0. SUB-SAHARAN AFRICA PIATA 333,617,EFT 0. SUB-SAHARAN AFRICA PIATA 250,215,EFT 0.			SUB-SAHARAN						
APRICA PIATA 463,892,EPT 0 SUB-SAHARAN APRICA PIATA 215,860,EPT 0. SUB-SAHARAN APRICA PIATA 99,537,EPT 0. SUB-SAHARAN APRICA PIATA 74,865,EPT 0. SUB-SAHARAN APRICA PIATA 333,617,EPT 0. SUB-SAHARAN APRICA PIATA 250,215,EPT 0.			AFRICA	PIATA	44,413.	EPT	0.	· 	<u> </u>
SUB-SAHARAN APRICA SUB-SAHARAN APRICA PIATA 99,537. EFT 0. SUB-SAHARAN APRICA PIATA 74,865. EFT 0. SUB-SAHARAN APRICA PIATA 333,617. EFT 0. SUB-SAHARAN APRICA PIATA 250,215. EFT 0.				D.T.A.M.	463 802	DDT			
APRICA PIATA 215,860, EPT 0. SUB-SAHARAN APRICA PIATA 99,537, EPT 0. SUB-SAHARAN APRICA PIATA 74,865, EPT 0. SUB-SAHARAN APRICA PIATA 333,617, EPT 0. SUB-SAHARAN APRICA PIATA 250,215, EPT 0.			AFRICA	FIAIR	403,032.	F1			
SUB-SAHARAN APRICA PIATA 99,537,EFT 0. SUB-SAHARAN APRICA PIATA 74,865,EPT 0. SUB-SAHARAN APRICA PIATA 333,617,EPT 0. SUB-SAHARAN APRICA PIATA 250,215,EPT 0.		i .	ľ	DTAMA	215 960	PPM			
APRICA PIATA 99,537. 2PT 0. SUB-SAHARAN APRICA PIATA 74,865. 2PT 0. SUB-SAHARAN APRICA PIATA 333,617. 2PT 0. SUB-SAHARAN APRICA PIATA 250,215. 2PT 0.		ļ ·	APRICA	PIATA	213,860.	pr I	· · ·		
SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA PIATA 333,617, EFT 0. SUB-SAHARAN AFRICA PIATA 250,215, EFT 0. SUB-SAHARAN AFRICA PIATA 148,715, EFT 0.				PIATA	99 537.	EPT	0.		
APRICA PIATA 74,865.EPT 0. SUB-SAHARAN APRICA PIATA 333,617.EPT 0. SUB-SAHARAN APRICA PIATA 250,215.EPT 0. SUB-SAHARAN APRICA PIATA 148,715.EFT 0.									
AFRICA PIATA 333,617.EFT 0. SUB-SAHARAN AFRICA PIATA 250,215.EFT 0. SUB-SAHARAN AFRICA PIATA 148,715.EFT 0.	·		1	PIATA	74,865.	EFT	0.		
SUB-SAHARAN AFRICA PIATA 250,215.EFT 0. SUB-SAHARAN AFRICA PIATA 148,715.EFT 0.			SUB-SAHARAN						
AFRICA PIATA 250,215.EFT 0. SUB-SAHARAN APRICA PIATA 148,715.EFT 0.			AFRICA	PIATA	333,617.	EPT	0.		 -
SUB-SAHARAN APRICA PIATA 148,715.EPT 0.	,		i .						
APRICA PIATA 148,715. EFT 0.		-	AFRICA	PIATA	250,215.	EFT	0.	<u>-</u>	
				PIATA	148,715.	EPT	0.		
	·								1,
AFRICA PIATA 142,353. EFT 0.	•		SUB-SAHARAN	DYAMA	142 353	PPT			

Schedule F (Form 990)	IN AF		EEN REVOLUTION		98-05	13530		Page 2
			ations or Entities Outside the	United States)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Rogion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	,	SUB-SAHARAN APRICA	PIATA	170,239.	EFT	0.		
,	1	SUB-SAHARAN APRICA	PIATA	165,252.	ppm	0.		
	 	AFRICA	PIATA	165,252.	BF T		 -	+
		SUB-SAHARAN AFRICA	PIATA	31,709.	PPT	0.		
		RERICA	PIATA	31,703.	Br 1	- ·		
		SUB-SAHARAN APRICA	PIATA	161,106.	ppm	0.		
	 	AFRICA	PIATA	101,100.	FF1	- "		
,		SUB-SAHARAN APRICA	PIATA	105,572.	EFT	0.	· <u></u>	
		SUB-SAHARAN APRICA	PIATA	188,106.	EPT	0.		
		SUB-SAHARAN						
	 	APRICA	PIATA	161,464.	EFT	0.		
		SUB-SAHARAN APRICA	PIATA	553,225.	EFT	0.		
		SUB-SAHARAN APRICA	PIATA	354,926.	eft	0.		

(a) Name of organization (b) IKS code section (c) Region (d) Purpose of (e) Alhount (f) Mainter of non-cash of non-cash (valuation)) Method of tion (book, FMV praisal, other)
(a) Name of organization (b) Indicated and EIN (if applicable) (c) Region grant of cash grant of cash disbursement of cash disbursement assistance assista	tion (book, FMV
AFRICA PIATA 105,300. EPT 0. SUB-SAHARAN APRICA PIATA 340,450. EFT 0. SUB-SAHARAN APRICA PIATA 379,515. EPT 0. SUB-SAHARAN APRICA PIATA 273,521. EPT 0.	
APRICA PIATA 105,300. EPT 0. SUB-SAHARAN APRICA PIATA 340,450. EFT 0. SUB-SAHARAN APRICA PIATA 379,515. EPT 0. SUB-SAHARAN APRICA PIATA 273,521. EPT 0.	
SUB-SAHARAN APRICA SUB-SAHARAN APRICA PIATA 340,450.EFT 0. SUB-SAHARAN APRICA PIATA 273,521.EFT 0.	
SUB-SAHARAN APRICA SUB-SAHARAN APRICA PIATA 340,450.EPT 0. SUB-SAHARAN APRICA PIATA 273,521.EPT 0.	
SUB-SAHARAN APRICA PIATA 340,450. EPT 0. SUB-SAHARAN APRICA PIATA 379,515. EFT 0. SUB-SAHARAN APRICA PIATA 273,521. EPT 0.	
SUB-SAHARAN AFRICA PIATA 379,515. EFT 0. SUB-SAHARAN AFRICA PIATA 273,521. EFT 0.	
APRICA PIATA 379,515. EPT 0. SUB-SAHARAN APRICA PIATA 273,521. EPT 0.	
APRICA PIATA 379,515. EFT 0. SUB-SAHARAN APRICA PIATA 273,521. EPT 0.	
SUB-SAHARAN PIATA 273,521. EPT 0.	
APRICA PIATA 273,521.EPT 0.	
APRICA PIATA 273,521. EPT 0.	
APRICA PIATA 273,521.EPT 0.	
, , , , , , , , , , , , , , , , , , ,	
SUB-SAHARAN	
APRICA PIATA 548,000. EPT 0.	
	-
SUB-SAHARAN	
APRICA PIATA 86,695.EFT 0.	
	-
SUB-SAHARAN AFRICA PIATA 117,219.EFT 0.	
SUB-SAHARAN APRICA PIATA 233,995.EPT 0.	

Schedule F (Form 990)	_ IN AF		LEEN REVOLUTION		98-05	13530		Page 2
	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM) appraisal, other)
		SUB-SAHARAN APRICA	PIATA	352,415.	EFT	0.		
	1	SUB-SAHARAN AFRICA	PIATA	134,202	EFT	0.		
	N. Company	SUB-SAHARAN APRICA	PIATA	94,989.	EPT	0.		
		SUB-SAHARAN APRICA	PIATA	325,499.	BFT	0.		
		SUB-SAHARAN APRICA	PIATA	89,473.	EPT	0.		,
,	ł	SUB-SAHARAN APRICA	PIATA	145,241.	EPT	0		
•	1	SUB-SAHARAN APRICA	PIATA	142,641.		0.		
		SUB-SAHARAN APRICA	PIATA	63,269	_	0		
	I .	SUB-SAHARAN APRICA	PIATA	13,328.	EFT	0.		

Schedule F (Form 990)	IN AF		NOTIONOVAN NAME		98-05	13530		Page 2
	on of Grants and Other	Assistance to Organiz	ations or Entitles Outside the	United States				
1 (a) Name of organizati	(b) IRS code section	(c) Pegion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
-		SUB-SAHARAN APRICA	PIATA	200,000.	EFT	0.		
· ·		SUB-SAHARAN APRICA	PIATA	263,941.	EFT	0.		
	•	SUB-SAHARAN AFRICA	PIATA	160,800.	EFT	0.		
	.,	SUB-SAHARAN AFRICA	PIATA	141,700	EFT	0.		
		SUB-SAHARAN AFRICA	PIATA	235,540.	EPT	0		
٠,		SUB-SAHARAN APRICA	PIATA	425,596.	EPT	0.		
	,	SUB-SAHARAN APRICA	PIATA	239,584.	EPT	0		
		SUB-SAHARAN APRICA	PIATA	21,029.	EPT	0.		
		SUB-SAHARAN APRICA	PIATA	178,948.	EFT	0.		

Schedule F ((Form 990)	IN AF		MENULUTION		98-05	13530		Page 2
				itions or Entities Outside the	United States.)	
1 (a) Name o	of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN APRICA	PIATA	174,418.	EPT	0.		
<u> </u>			SUB-SAHARAN APRICA	PIATA	199,680.	BFT	0.		
		1	SUB-SAHARAN AFRICA	PIATA	94,434.	EPT	0.		
		I .	SUB-SAHARAN AFRICA	PIATA	237,727	EFT	_0.		
			SUB-SAHARAN APRICA	PIATA	194,797.	EPT	0.		
<u> </u>			SUB-SAHARAN AFRICA	PIATA	87,819.	EFT	0		
			SUB-SAHARAN AFRICA	PIATA	191,038.	EFT	0.		
			SUB-SAHARAN APRICA	PIATA	219,927.	EFT	0.		
		1	SUB-SAHARAN APRICA	PIATA	118,625.	EPT	0.		

Schedule F (Form 990)	IN AF		BEN REVOLUTION		98-05	13530		Page 2
	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	e United States	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						
		APRICA	PIATA	53,300.	BPT	0.		
		SUB-SAHARAN APRICA	PIATA	85,100.	דעש	0.		
		APRICA	·	83,100.	Pr.1	· · ·	<u>-</u>	-
,		SUB-SAHARAN APRICA	PIATA	32,044.	PPT	0.		
	<u> </u>	APRICA	PIATA	32,044.		•		
•	, ,	SUB-SAHARAN AFRICA	PIATA	49,300.	EFT	0.		
		SUB-SAHARAN APRICA	PIATA	21,139.	EPT	0.		
		SUB-SAHARAN AFRICA	PIATA	18,837.	EFT	0.		
		SUB-SAHARAN						
	-	AFRICA	PIATA	18,287.	EFT	0.		
		SUB-SAHARAN						
<u>. </u>	_	AFRICA	PIATA	18,288.	EFT	0.		
		SUB-SAHARAN						
<u> </u>	1	AFRICA	PIATA	392,650.	EFT	0.		

Schedule F (Form 990)	ALLIA IN AF		BEN REVOLUTION		98-05	13530		Page 2
			ations or Entities Outside the	United States	(Schedule F (Form 9	90), Part II, line 1)		<u> </u>
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
	I .	SUB-SAHARAN APRICA	PIATA	144,449	EPT	0.		
	l .	SUB-SAHARAN APRICA	PIATA	100,576.	EPT	0.		
		SUB-SAHARAN APRICA	PIATA	67,288.	EPT	0.		
		SUB-SAHARAN AFRICA	PIATA	29,750.	eft	_ 0.		
	1	SUB-SAHARAN APRICA	PIATA	210,298.	EFT	0.		
		SUB-SAHARAN APRICA	PIATA	320,939.		0.		
		SUB-SAHARAN AFRICA	PIATA	100,389.		0.		
		SUB-SAHARAN APRICA	PIATA	115,231		0		
		SUB-SAHARAN AFRICA	PIATA	382,006.		0.		

Schedule F (Form 990)	ALLIA IN AF		BEN REVOLUTION		98-05	13530		Page 2
			tions or Entities Outside the	United States	(Schedule F (Form 9		1	Fage Z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN APRICA	PIATA	167,526	ept	0.		
	,	SUB-SAHARAN AFRICA	PIATA	174,879.	EPT	0.		
) 	SUB-SAHARAN APRICA	PIATA	21,506.	EPT	0.		
		SUB-SAHARAN APRICA	PIATA	384,080	BPT	0.		
		SUB-SAHARAN AFRICA	PIATA	324,458.	ept	0.		
		SUB-SAHARAN AFRICA	PIATA	343,235.	EPT	0		
		SUB-SAHARAN APRICA	PIATA	191,311.	BPT	0.		
		SUB-SAHARAN APRICA	PIATA	293,828.	EFT	0.		
		SUB-SAHARAN APRICA	PIATA	136,998.	BPT	0		

Schedule F (Form 990)	IN AF		MOTIOGOVAN NAME		98-05	13530		Page 2
	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F_(Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	ŀ	SUB-SAHARAN APRICA	PIATA	233,491.	EPT	0.		
		SUB-SAHARAN APRICA	PIATA	50,676	EPT	0.		
	I	SUB-SAHARAN APRICA	PIATA	23,376.	EFT	0.		
	I	SUB-SAHARAN APRICA	PIATA	610,000.	EPT	0.		
		SUB-SAHARAN APRICA	PIATA	200,000.	EPT	0.		
		SUB-SAHARAN APRICA	PIATA	108,988.	EPT	0		
		SUB-SAHARAN APRICA	PIATA	119,040.	EPT	0.		
		SUB-SAHARAN APRICA	PIATA	186,095.	EPT	0.		
	E .	SUB-SAHARAN AFRICA	PIATA	334,797.	EPT	0.		

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Schedule F (Form 990) Part II Continuation of			tions or Entitles Outside the	United States				Togoz
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN APRICA	FISPAP	119,916.	EFT	a		
		SUB-SAHARAN APRICA	PISPAP	157,707	EPT	0.		
		SUB-SAHARAN APRICA	PISPAP	67,031.	RPT	0.		
	-	SUB-SAHARAN APRICA	PISPAP	72,451.	ept	0.		
,-		SUB-SAHARAN APRICA	PISPAP	108,910.	EFT	0.		
		SUB-SAHARAN AFRICA	PISPAP	52,550.	EFT	0.		
,	-	SUB-SAHARAN APRICA	PISPAP	50,050.	EPT	0.		
		SUB-SAHARAN AFRICA	PISFAP	54,050.	EFT	0		
	-	SUB-SAHARAN AFRICA	PISPAP	51,550.	BPT	0.		

Schedule F (Form 990)	IN AF		BEN REVOLUTION		98-05	13530		Page 2
	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN APRICA	FISFAP	135,937	EPT	0.		
	1	SUB-SAHARAN APRICA	PISPAP	183,600.	EFT	0.		
·	1	SUB-SAHARAN APRICA	PISPAP	108,000.	EPT	0.		
		SUB-SAHARAN APRICA	PISPAP	44,650	BPT	0.		
		SUB-SAHARAN AFRICA	PISPAP	22,400.	EPT	0,		
		SUB-SAHARAN APRICA	PISPAP	41,700.	EPT	0.		
		SUB-SAHARAN APRICA	FISFAP	102,848.	EPT	0.		
		SUB-SAHARAN APRICA	FISPAP	111,060.	EPT	0.		
		SUB-SAHARAN APRICA	PISPAP	62,125.	EPT	0.		

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			itions or Entities Outside the	United States)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
	1	SUB-SAHARAN AFRICA	PISPAP	20,160.	EFT	0.		
		SUB-SAHARAN AFRICA	FISPAP	97,275.	EFT	0.		
	1	SUB-SAHARAN APRICA	FISPAP	747,958.	EFT	0.		
		SUB-SAHARAN AFRICA	PISPAP	190,082.	EFT	0.		
		SUB-SAHARAN APRICA	FISPAP	89,730.	EFT	0.		
		SUB-SAHARAN AFRICA	PISPAP	101,011.	EPT	0.		
		SUB-SAHARAN APRICA	FISPAP	74,196.	eft	0		
		SUB-SAHARAN APRICA	PISPAP	87,250.	EFT	0		
		SUB-SAHARAN APRICA	BM22017	58,382.	BFT	0.		

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Part II Continuation of			tions or Entities Outside the	United States.				
1	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN APRICA	BMZ2017	89,936	eft	0.		
		SUB-SAHARAN AFRICA	BMZ2017	197,545.	EPT	0.		
		SUB-SAHARAN APRICA	BM22017	717,886.	EPT	0.		
•		SUB-SAHARAN APRICA	BMZ2017	174,876.	EFT	0		
, ,		SUB-SAHARAN APRICA	BMZ2017	90,011.	EPT	0.		
-	,	SUB-SAHARAN AFRICA	BMZ2017	30,851.	EPT	0.		
	•	SUB-SAHARAN APRICA	BMZ2017	70,855.	EPT	0.		
	,	SUB-SAHARAN APRICA	BMZ2017	114,659.	EFT	0.		
		SUB-SAHARAN AFRICA	BMZ 2017	67,025.	BFT	0.		

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	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (sf applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN APRICA	BMZ 2017	61,043.	EPT	0.		
·		SUB-SAHARAN APRICA	SOILHEALTH	221,411	EPT	0.		
		SUB-SAHARAN APRICA	SOILHEALTH	120,232.	EPT	0.		
•		SUB-SAHARAN AFRICA	SOILHEALTH	204,059.	EPT	0.		
	1	SUB-SAHARAN APRICA	SOILHEALTH	210,000.	EFT	0.		
,		SUB-SAHARAN APRICA	SOILHEALTH	170,000.	EPT	0.		
		SUB-SAHARAN APRICA	SOILHEALTH	157,150.	E PT	0.		
		SUB-SAHARAN APRICA	SOILHEALTH	300,000	EPT	0		
		SUB-SAHARAN APRICA	soilhealth	33,808.	EFT	0.		

Schedule F (Form 990)	IN AF		LEBN KEVOLUTION	98-0513530 Page					
			ations or Entities Outside th	e United States.					
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Rogion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		SUB-SAHARAN APRICA	SOILHEALTH	35,600.	ept	0			
		SUB-SAHARAN APRICA	SOILHEALTH	2,545	EPT	0.			
		SUB-SAHARAN AFRICA	SOILHEALTH	49,470.	EFT	0.			
		SUB-SAHARAN APRICA	SOILHEALTH	12,574.	EFT	_0			
		SUB-SAHARAN APRICA	SOILHEALTH	163,357.	EPT	0.			
		SUB-SAHARAN AFRICA	SOILHEALTH	135,046	EFT	0.			
		SUB-SAHARAN APRICA	SOILHEALTH	87,121.	EFT	0			
	,	SUB-SAHARAN APRICA	Soilhealth	62,229.	EPT	0.			
		SUB-SAHARAN AFRICA	SOILHEALTH	99,566.	EPT	0.			

Schedule F (F	orm 990)	IN AF		BEN REVOLUTION	98-0513530Page						
		Grants and Other	Assistance to Organiza	tions or Entities Outside the	he United States. (Schedule F (Form 990), Part II, line 1)						
1	forganization	(b) IRS code section and EIN (if applicable)	(c) Segion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
			SUB-SAHARAN AFRICA	SOILHEALTH	17,500.	EFT	0.				
			SUB-SAHARAN AFRICA	SOILHEALTH	4,891.	EFT	0				
			SUB-SAHARAN APRICA	SOILHEALTH	10,500.	EPT	0.				
			SUB-SAHARAN AFRICA	SOILHEALTH	23,925.	EPT	0.				
			SUB-SAHARAN AFRICA	SOILHEALTH	6,743.		0,				
. ,			SUB-SAHARAN APRICA	SOILHEALTH	930.		0.				
		ľ	SUB-SAHARAN AFRICA	SOILHEALTH	3,372.	EFT	0.				
			SUB-SAHARAN AFRICA	SOILHEALTH	1,850.	eft	0.				
,		l)	SUB-SAHARAN APRICA	SOILHEALTH	15,474.	EFT	0.				

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	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN APRICA	SOILHEALTH	42,226.	EPT	0.		
		SUB-SAHARAN APRICA	SOILHEALTH	150,000	BFT	0.		
		SUB-SAHARAN APRICA	SOILHEALTH	84,000.	zfT	0		
	٥	SUB-SAHARAN APRICA	SOILHEALTH	60,000	EFT	0.		
		SUB-SAHARAN APRICA	SOILHEALTH	96,000.	EPT	0.		
		SUB-SAHARAN APRICA	SOILHEALTH	55,206.	EFT	0.		
		SUB-SAHARAN APRICA	SOILHEALTH	37,882.	EPT	0.		
		SUB-SAHARAN APRICA	seeds	91,352.	EPT	0_		
		SUB-SAHARAN APRICA	, SEEDS	37,185.	PPT	0.		

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			tions or Entities Outside the	United States				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	1	SUB-SAHARAN AFRICA	SEEDS	138,267	EFT	0.		
·		SUB-SAHARAN AFRICA	SEEDS	166,852.	eft	0.		
	1	SUB-SAHARAN APRICA	SEEDS	186,076.	EPT	0.		
	1	SUB-SAHARAN AFRICA	SEEDS	88,027.	EPT	0.		
è		SUB-SAHARAN APRICA	SEEDS	100,697.	EPT	0.	···································	i
		SUB-SAHARAN AFRICA	SEEDS	142,738.	EPT	0		
1		SUB-SAHARAN APRICA	SEEDS	213,735.	EPT	0.		
		SUB-SAHARAN APRICA	SEEDS	218,283.	EPT	0.		
		SUB-SAHARAN APRICA	SEEDS	145,390	EPT	0.		

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Part II				itions or Entities Outside the	United States.)	7,11
1 (a) Name	of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		ì	SUB-SAHARAN APRICA	SEEDS	71,803.	BPT	0		
		1	SUB-SAHARAN APRICA	SEEDS	128,119.	EPT	0.		
			SUB-SAHARAN APRICA	POLADVOC	173,118.	EFT	0.		
			SUB-SAHARAN APRICA	POLADVOC	276,071	EPT	0.		
		1	SUB-SAHARAN APRICA	POLADVOC	100,607.	EPT	0.		
	· ······		SUB-SAHARAN APRICA	POLADVOC	50,526.	EFT	0.		
		1	SUB-SAHARAN APRICA	POLADVOC	10,000.	EPT	0.		
	·	1	SUB-SAHARAN AFRICA	POLADVOC	47,876	EPT	0		
		1	SUB-SAHARAN APRICA	РОЪАДVОС	41,953.	EPT	0.		

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	of Grants and Other	Assistance to Organi	zations or Entities Outside t	he United States.	(Schedule F (Form 9	90), Part II, line 1		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appreisal, other)
		SUB-SAHARAN AFRICA	POLADVOC	170,940.	EFT	0		
		SUB-SAHARAN APRICA	POLADVOC	61,525.	EPT	0.		
	<u>.</u>	SUB-SAHARAN AFRICA	POLADVOC	67,329.	EFT	0.		
,	-	SUB-SAHARAN APRICA	POLADVOC	163,923.	EPT	0.		
		SUB-SAHARAN APRICA	POLADVOC	59,051.	EPT	0.		
		SUB-SAHARAN APRICA	POLADVOC	114,963		0.	-	
· ·		SUB-SAHARAN APRICA	POLADVOC	358,930.	EPT	0.		
		SUB-SAHARAN APRICA	POTYDAOC	64,322		0		
		SUB-SAHARAN APRICA	POLADVOC	59,125.	EPT	0.		

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1	(b) IRS code section		(d) Purpose of	(e) Amount	(Schedule F (Form 9	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	1 ' '	1	non cash assistance	of non cash assistance	valuation (book, FM) appraisal, other)
		SUB-SAHARAN						
		APRICA	POLADVOC	145,167.	EFT	0.		
		SUB-SAHARAN						
	1	APRICA	MARKETS	159,228.	PPT			
		SUB-SAHARAN						
		APRICA	MARKETS	472,764.	PPT	0.		
		SUB-SAHARAN		}				
		APRICA	MARKETS	200,000	EFT	0.		
		SUB-SAHARAN			}	1		1
		APRICA	MARKETS	46,533.	PPT	0.		
		SUB-SAHARAN						
		APRICA	MARKETS	161,262.	RPT			
į	1 .	SUB-SAHARAN APRICA	MARKETS	66,243.	ept _	0.		
•								
		SUB-SAHARAN		031 503	h-m			
· · · · · · · · · · · · · · · · · · ·		APRICA	ABCP	231,583.	EFT	0.		-
1		SUB-SAHARAN						
		AFRICA	AECP	75,000.	EPT	٥		1

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	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(e) Rogion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)	
	1	SUB-SAHARAN AFRICA	AECF	100,000.	EPT_	0.		<u> </u>	
		SUB-SAHARAN APRICA	AECP	281,118.	EPT	0.			
	1	Sub-Saharan Aprica	AECP	30,000.	EFT	0.			
		SUB-SAHARAN APRICA	aecp	59,159	EPT	0.			
		SUB-SAHARAN APRICA	AECP	409,550	BPT	0.			
		SUB-SAHARAN APRICA	AECF	421,733.		0.			
		SUB-SAHARAN AFRICA	AECF	44,142.		0.			
-		SUB-SAHARAN AFRICA	AECF	182,370.		0.	,		
		SUB-SAHARAN AFRICA	AECP	357,667.		0.			

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			ations or Entitles Outside the	United States				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(al Pagion	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	AECP	165,621.	EPT	0.		
		SUB-SAHARAN APRICA	AECF	143,614.	EFT	0.		
		SUB-SAHARAN APRICA	AECP	140,000.	EPT	0.		
		SUB-SAHARAN APRICA	AECP	109,200.	EPT	0		
		SUB-SAHARAN APRICA	AECP	42,000.	EPT	0.		
		SUB-SAHARAN APRICA	AECP	290,466.	EPT	0.		
		SUB-SAHARAN APRICA	aecp	100,000.	EFT	0.		
		SUB-SAHARAN APRICA	AECF	50,000.	EFT	0.		
		SUB-SAHARAN APRICA	AECP	100,000.	EFT	0.		

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Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entrues Outside the	United States					
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
		SUB-SAHARAN APRICA	AECF	69,000.	EPT	0.			
		SUB-SAHARAN APRICA	AECP	64,000.	EFT	0			
		SUB-SAHARAN APRICA	AECF	86,994.	EFT	0.		ļ	
		SUB-SAHARAN APRICA	AECP	57,996.	EPT	0.			
		SUB-SAHARAN AFRICA	AECF	83_,150.	EFT	0.			
		SUB-SAHARAN APRICA	AECF	170,000.	EPT	0.			
		SUB-SAHARAN AFRICA	AECF	274,878.	EPT	0.			
		SUB-SAHARAN APRICA	AECF	100,000.	EPT	0.			
		SUB-SAHARAN APRICA	aecf	26,950.	EFT	0.,			

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	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States	(Schedule F (Form 9)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
-									
		SUB-SAHARAN			[ĺ	
	- 	APRICA	AECF	67,200.	EPT	0.		 	
ľ		SUB-SAHARAN APRICA	AECP	53,731.	RPT	0.			
				***,				 	
		SUB-SAHARAN							
		APRICA	AECP	35,820.	BFT	0.			
		SUB-SAHARAN							
	 	APRICA	AECP	100,000.	EPT	0			
		SUB-SAHARAN							
<u> </u>		APRICA	AECP	50,000.	EPT	0			
					1				
		SUB-SAHARAN AFRICA	AECP	200,000.	EFT	0.			
}		SUB-SAHARAN						1	
		APRICA	AECP	129,000.	EPT_	0.			
ļ		SUB-SAHARAN	J		J				
		AFRICA	AECF	219,255.	EPT	0.		 	
		SUB-SAHARAN			L	_			
		AFRICA	AECP	190,932.	EFT	0.]			

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			ations or Entities Outside th	e United States	(Schedule F (Form 9			Page 2
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Pagian	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	1	SUB-SAHARAN AFRICA	AECP	59,990.	EFT	0.		
		SUB-SAHARAN APRICA	AECP	106,617	ef t	0.		
		SUB-SAHARAN APRICA	AECF	203,308.	EFT	0.		
		SUB-SAHARAN APRICA	AECF	291,840.	EFT	0.		
	,	SUB-SAHARAN						
		APRICA_	AECF	87,909,	EFT	0.		
		SUB-SAHARAN APRICA	AECP	98,124.	EPT	0.		
		SUB-SAHARAN APRICA	aecf	200,321.	EPT	0.		
		SUB-SAHARAN						
<u>-</u>		APRICA SUB-SAHARAN	AECP	35,326.	BPT	0.		
		APRICA	AECP	35,326.	EPT	_0.		

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	of Grants and Other	Assistance to Organiza	ations or Entitles Outside the	United States	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	1	SUB-SAHARAN APRICA	AECP	205,922.	EFT	0.		
		SUB-SAHARAN APRICA	AECF	151,617.	EPT	0.		
	IV.	SUB-SAHARAN AFRICA	AECP	27,308.	EPT	0.		
	1	SUB-SAHARAN APRICA	AECF	161,042.	EPT	0.		
		SUB-SAHARAN APRICA	AECF	100,000.	EPT	0.		_
	Į.	SUB-SAHARAN APRICA	ABCF	96,000.	EFT	0.		
	1	SUB-SAHARAN APRICA	aecp	50,000.	EFT	0.		
	1	Sub-Saharan Africa	aecp	35,200	EPT	0.		
	ľ	SUB-SAHARAN APRICA	AECP	84,006.	EPT	0.		

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Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	Unrted States.	(Schedule F (Form 9	90), Part II, line 1)		
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	I.	SUB-SAHARAN APRICA	AECP	74,375.	EPT	0.		
	1	SUB-SAHARAN AFRICA	ABCP	50,000.	EPT	0.		
	1	SUB-SAHARAN APRICA	AECF	44,800.	EPT	0.		
		SUB-SAHARAN APRICA	aecp	93,500.	EFT	0.		
		SUB-SAHARAN APRICA	AECF	100,000.	EPT	_ 0.		
		SUB-SAHARAN APRICA	AECF	62,500.	EFT	0.		
,		SUB-SAHARAN APRICA	AECP	53,337.	EFT	0.		
	,	SUB-SAHARAN AFRICA	aecf	60,000	BFT	0.		
		SUB-SAHARAN APRICA	AECF	150,000.	EPT	0.		

Schedule F (Form 990)	IN AF		REEN REVOLUTION		98-05	13530		Page 2
Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	Unrted States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
	1	SUB-SAHARAN APRICA	AECF	30,000.	EPT	0.		
	1	SUB-SAHARAN APRICA	AECF	133,000.	gpt	0.		
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832182 04-01-18

Schedule F (Form 990) 2018 IN AFRICA 98-0513530 Page 3

Page 3 IN AFRICA Page 3 (Page 4) Page 3 Page 3 Page 3 Page 3 Page 3 Page 3 Page 4 Page 4) Page 4 Page 4 Page 4 Page 4 Page 4 Page 4 Page 4 Page 4 Page 4 Page 4 Page 4 Page 4 Page 4 Page 4 Page 4 Page 5 Page 4 Page 4 Page 4 Page 4 Page 4 Page 4 Page 4 Page 4 Page 5 Page 4 Pag

Schedule F (Form 990) 2018

832073 10-31-18

ALLIANCE FOR A GREEN REVOLUTION IN AFRICA

Sched	ule F (Form 990) 2018 IN AFRICA	30-0313330	Page 4
Par	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	☐ Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

Schedule F	(Form 990) 2018 IN AFRICA	98-0513530	Page 5
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accou	nting method, amounts of	
	investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method)		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional info		
	testimated number of recipients), as applicable. Also complete this part to provide any additional into	mation See instructions	_
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SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

ALLIANCE FOR A GREEN REVOLUTION IN AFRICA

Employer identification number 98-0513530

Schedule J (Form 990) 2018

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			1
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.	İ	ľ	.
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		_	1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees		١.	1 1
	Discretionary spending account Personal services (such as maid, chauffeur, chef)].].	<u>'</u> 1
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	i ·		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	•	c	-in-
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	X	
		7		-1
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	,		- "
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to		٠ ا	
	establish compensation of the CEO/Executive Director, but explain in Part III		i i	
	X Compensation committee X Written employment contract	[:		, 'I
	X Independent compensation consultant X Compensation survey or study			, 1
	Form 990 of other organizations X Approval by the board or compensation committee		+	' ^ {
				1
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	ŀ.	•	, ·
•	organization or a related organization	1		'
				Х
а	Heceive a severance payment or change-of-control payment?	4a	l	🕰
a b		4a 4b	-	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement?	4b		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4b	* · · ·	X
b c	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement?	4b		X
b c	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	4b		X
b c	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of	4b		X
b c 5	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of	4b 4c		X
b c 5	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization?	4b 4c 5a		X X X X
b c 5	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Any related organization?	4b 4c 5a		X
b c 5 a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III	4b 4c 5a		X X X
5 a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	4b 4c 5a		X X X
5 a b 6 a	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of	4b 4c 5a 5b		X X X
5 a b 6 a	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization?	4b 4c 5a 5b		X X X
5 a b 6 a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Any related organization?	4b 4c 5a 5b		X X X
5 a b 6 a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III	4b 4c 5a 5b		X X X X
5 a b 6 a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	4b 4c 5a 5b		X X X X
5 a b 6 a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	5a 5b 6a 6b		X X X X
5 a b 6 a b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	5a 5b 6a 6b		X X X X

832111 10-26-18

Page 2

Schedule J (Form 990) 2018 IN AFRICA 98-0513530

Part II: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of W 2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
(A) Name and Title		(ı) Base compensation	(ii) Bonus & incentive	(III) Other reportable	compensation	Deneilts	(B)(i)-(D)	reported as deferred on prior Form 990	
			compensation	compensation				on poor Form 990	
(1) DR AGNES KALIBATA	(1)	134,204.	0.	20,607.	37,800.	117,796.	310,407.	0.	
PRESIDENT-AGRA	(ii)	0.	0.	0.	0,	0.	0.	0.	
(2) LILIAN NYANGAYA	(0)	206,703.	0.	6,338.	25,500.	507.	239,048.	0.	
CHIEF FINANCE OFFICER	(11)	0.	0.	0.	0.	0.	0.	0.	
(3) ADAM GERSTENMIER	(0)	152,000.	0.	41,986.	0.	16,500.	210,486.	0.	
CHIEF OF STAFF & STRATEGY	(ii)	0.		0.	0.	0.	0.	0.	
(4) DAUDI SUMBA	(i)	214,227.	0.	0.	$31,\overline{4}74$.	3,613.	249,314.	0.	
HEAD OF MAE	(11)	Ō.		0	0.	0.	_ 0.	0.	
(5) HILLARY TOROREY	(0)	149,910.	0.	0.	22,737.	1,670.	174,317.	0.	
HEAD OF INTERNAL AUDIT	(ir)	0.	0.	0.	0.	0.	0.	0.	
(6) JOE DEVRIES	(1)	167,100.	0.	64,793.	0.	18,000.	249,893.	0.	
VP-PROGRAM DEVELOPMENT & INNOVATION	(0)	0.	0.	0.	_ 0.	0.	0.	0.	
(7) VANESSA ADAMS	(0)	137,639.	0.	56,865.	0.	8,000.	202,504.	0.	
VICE PRESIDENT COUNTRY SUPPORT	m	0.	0.	0.	0.	0.	0.	0.	
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Schedule J (Form 990) 2018

832112 10-26-18

ALLIANCE FOR A GREEN REVOLUTION IN AFRICA

Schedule J (Form 990) 2018 IN AFRICA	98-0513530	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete	this part for any additional informat	ion
	_	
PART I, LINE 1A:	_	
ALL INTERNATIONALLY RECRUITED EMPLOYEES ARE ENTITLED TO 50% OF RENT AND		
UTILITIES UP TO A MAXIMUM OF \$10,000 PER YEAR. REGIONALLY REVRUITED		
EMPLOYEES ARE ENTITLED HOUSING AND UTILITY ALLOWANCE UP TO A MAXIMUM OF		
\$27,000. INTERNATIONALLY RECRUITED EMPLOYEES ARE ALSO ENTITLED FO 100%		
REIMBURSEMENT FOR SECURITY RELATED EXPENSES.		
PART I, LINE 1B:		<u> </u>
A;; REIMBURSMENTS ARE MADE UPON RECEIPT OF INVOICE AND PROOF OF PAYMENT BY		
STAFF.		
		<u> </u>
		 _

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

832211 10-10-18

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

ALLIANCE FOR A GREEN REVOLUTION

Emp

IN AFRICA

OMB No 1545-0047 Open to Public Inspection 1

Employer identification number 98-0513530

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ACROSS THE CONTINENT INTO A HIGHLY PRODUCTIVE, EFFICIENT, COMPETITIVE
AND SUSTAINABLE SYSTEM THAT ASSURES FOOD SECURITY AND LIFTS MILLIONS
OUT OF POVERTY.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
SHOCKS 4) STRENGTHENED CONTINENTAL, REGIONAL, AND GOVERNMENT
MULTI-SECTORAL COORDINATION AND MUTUAL ACCOUNTABILITY IN THE
AGRICULTURAL SECTOR.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
OTHER PROGRAMS INCLUE THE FOLLOWING:
- FISFAP
- BMZ
- SOILHEALTH
- SEEDS
- POLADVOC
- MARKETS
EXPENSES \$ 38,483,528. INCLUDING GRANTS OF \$ 12,101,911. REVENUE \$ 0.
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:
KENYA, GHANA, TANZANIA, MOZAMBIQUE,
SOUTH SUDAN, RWANDA, RWANDA
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 99 IS PREPARED BY THE AGRA FINANCE UMT, REVIEWED BOTH INTERNALLY BY
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018

Employer identification number 98-0513530

MANAGEMENT AND THE ATTORNEY IN RETAMER BEFORE FINALLY BEING SUBMITTED TO FLNANCE, HUMAN RESOURCE AND BUDGET COMMITTEE OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGAMZATLON WAS NOT INVOLVED IN ANY CONFLLCT OF INTEREST TRANSACTIONS IN THE EVENT THAT A CONFLICT OF INTEREST ARISES BETWEEN THE ORGANISATION AND AN OFFICER OR DIRECT, THE CONFLICTED INDIVIDUAL WOULD RECUSE HIMSELF OR HERSELF FROM THE ORGANIZATION'S DECISION MAKMG PROCESS WITH RESPECT TO THAT TRANSACTION THE ORGANIZATION'S CONFHCT OF INTEREST POLICY IS NOT AVAILABLE TO THE PUBLIC.

FORM 990, PART VI, SECTION B, LINE 15:

THE SALARIES OF THE PRESIDENT, VICE PRESIDENT'S AND CHIEFS ARE SET BY THE BOARD ON APPOINTMENT SUBSEQUENT CHANGES ARE SUBJECT TO APPROVAL OF THE FLNANCE, HUMAN RESOURCE AND BUDGET COMMITTEE OF THE BOARD AS PART OF THE ANNUAL PERFORMANCE EVALUATION.

FORM 990, PART VI, SECTION C, LINE 19:

THE INCORPORATION DOCUMENTS OF AGRA ARE AVAILABLE FOR PUBLTC VIEW UPON REQUEST THE FINANCIAL STATEMENTS ARE DISTRIBUTED TO OUR CORPORATION DIRECTLY THE STATEMENTS ARE ALSO INCLUDED IN THE AGRA ANNUAL REPORT DOCUMENT WHICH IS WIDELY DISTRIBUTED THE FINANCIAL STATEMENTS IS ALSO AVAILABLE ON THE AGRA WEBSITE.

FORM 990, PART V, LINE 2

THE NUMBER OF EMPLOYEES REFLECTED ON PART V LINE 2 REPRESENTS BOTH DOMETIC AND FOREIGN INDIVIDUALS. THE ORGANIZATION HAS 7 US EMPLOYEES.

77

Schedule O (Form 990 or	990-EZ) (2018)							Page 2
Name of the organization	ALLIANC: IN AFRI		EEN REVO	LUTION		Em	ployer identification number 98-0513530	mber
	IN APAT	CA				L	<u> </u>	_
	··							
FORM 990, PAR	T_VII:						_	
MID ODGANIZAM	TON DAVE	EMDI OVERG	TN DOMII	mue tic	AND KEND	73 OFF	.ma TN	
THE ORGANIZAT	ION PAIS	EMPLOILES	IN BOTH	THE US	AND KENY	A. CEP	TAIN	
INDIVIDUALS L	ISTED ON	PART VII I	RECIEVED	COMPENS	ATION IN	I KENYA	SHILLING.	
THESE AMOUNTS	HAVE BEI	EN TRANSLAT	ED INTO	US DOLL	ARS FOR	PURPOS	SES_OF	
DDECENTATION							''	
PRESENTATION.								
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832212 10-10-18					<u> </u>	Schedule () (Form 990 or 990-EZ) (20181
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SCHEDULE R	
(Form 990)	

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 38, or 37. Attach to Form 990.

OMB No 1545-0047 2018 Open to Public Inspection

Name of the organization

ALLIANCE FOR A GREEN REVOLUTION

IN AFRICA

Employer identification number 98-0513530

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
GRANT MAKING	MAURITIUS	21,112,830.	13,878,761.	GRA
	Primary activity	Primary activity Legal domicile (state or foreign country)	Primary activity Legal domicile (state or Total income foreign country)	Primary activity Legal domicile (state or foreign country) Total income End-of-year assets

organizations during the tax year (g) Section 5 12(b)(13) controlled entity? (a) (b) (d) (e) **(f)** Name, address, and EIN Primary activity Legal domicile (state or Exempt Code Public chanty Direct controlling status (if section of related organization foreign country) section entity 501(c)(3)) Yes No PARTNERS FOR SEED IN APRICA FUND -99-0368170, PO BOX 66773-0080, NAIROBI, KENYA RANT MAKING DELAWARE 501(C)(3)

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule R (Form 990) 2018

832161 10-02-18 LHA

Schedule R (Form 990) 2018 IN AFRICA

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year (c) Legal domicile (state or foreign country) (b) (d) (f) (g) General or Percentage managing partner? Code V-UBI General or managing partner?
K 1 (Form 1065)
Yes No Name, address, and EIN of related organization Share of end-of-year assets Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income Primary activity Disproportionate allocations? Yes No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end of-year assets	(h) Percentage ownership	eni	(i) ction (b)(13) trolled tity?
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98-0513530 IN AFRICA Schedule R (Form 990) 2018 Page 3 Part V. Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36 Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule No During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a b Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) 11 g Sale of assets to related organization(s) 1g h Purchase of assets from related organization(s) 1h i Exchange of assets with related organization(s) 11) Lease of facilities, equipment, or other assets to related organization(s) 11 k Lease of facilities, equipment, or other assets from related organization(s) 1k I Performance of services or membership or fundraising solicitations for related organization(s) 11 m Performance of services or membership or fundraising solicitations by related organization(s) 1m n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1<u>n</u> o Sharing of paid employees with related organization(s) 10 p Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses <u>1q</u> Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (b) Transaction type (a-s) (c) Amount involved (d)
Method of determining amount involved (a) Name of related organization (1) (2) (3) <u>(5)</u> (6)

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)	(b)	(c)	(d)	(e) Avenil	(1)	(g)	(h)	(t)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	bartuera se	Share of	Share of	Orspro	por	Code V-UBI	Селега	or Percentage
of entity	, ,	(state or foreign	(related, unrelated,	partners se 501(c)(3) orgs ?	total	end-of-year	allocat	ate ions?	amount in box 20	manag	ownership
		country)		Yes No		assets	Ves	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Vanis	្តា
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ALLIANCE FOR A GREEN REVOLUTION 98-0513530 Page 5 Schedule R (Form 990) 2018 IN A Part VII Supplemental Information. IN AFRICA Provide additional information for responses to questions on Schedule R. See instructions.

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